



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: Hospitals, Intermediate Care Facilities, Residential Treatment Facilities, Nursing Facilities, Hospice, and Temporary Detention Order (TDO) providers participating in the Virginia Medical Assistance Programs.

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 02/01/2006

SUBJECT: Changes to Virginia Medicaid Billing Instructions for HIPAA Compliance – Utilization of Interim Bill Types

The purpose of this memorandum is to notify you of changes to your Medicaid billing instructions. Please review these changes carefully.

Effective with admissions on or after March 1, 2006, DMAS will accept interim HIPAA compliant bill types for hospitals, intermediate care facilities, nursing facilities, residential treatment facilities, hospice, and TDO payments.

This only affects the '3rd' digit of the bill type for claims submitted by all provider types listed above. This does not change any other billing requirements. The third digit reflects the following:

- 2 – first interim claim
- 3 – subsequent interim claim(s)
- 4 – final interim claim

This will affect the discharge status coding on the first and subsequent interim claims. Since these are interim claims, the discharge status must be '30' – still a patient. For the final interim claim, the discharge status must reflect a discharge or transfer status. Refer to your appropriate National UB-92 Billing Manual for additional discharge or transfer status codes.

Admission dates are not affected by the use of interim claim bill types.

FOR NURSING FACILITIES ONLY

For block 17 – admission (which is a required field) the nursing facility should enter the admission date for either the original admission or subsequent admissions following a hospitalization. Changing the admission date in this block does not affect submission of the PIRS form for processing.

Example: If an individual is admitted on 01/01/05 and remains in your facility ongoing, the admission date in block 17 would be 01/01/05.

If an individual is admitted on 01/01/05 and remains in your facility until 07/01/05, when they are hospitalized, and returns as a re-admission on 07/05/05, then the admission date in block 17 would change to 07/05/05. This allows the hospital to receive payment for services during the time the individual was not in the nursing facility.

Failure to correct the admission date after hospitalizations may result in denial of claims submitted for the hospital. This could result in the hospitals contacting the nursing facilities for payment.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the Provider Column to find Medicaid and SLH (State and Local Hospitalization Program) Provider Manuals or click on “Medicaid Memos to Providers” to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.